Office of Labor Management
Standards
Washington DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215 0188
Expires 11 30 2006

This report is mandatory under P & 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440

For Official Use Only SERVICE READ THE INSTRUCTIONS CAREFUL	LY BEFORE PREPARING THIS REPORT	
E READ THE INSTRUCTIONS CAREFUL		
1 File Number U /500 /	2 Fiscal Year Covered From	
	7/1/04 Through 6/30/05	
3 Name and address of person filing	4 Name file number and address of labor organization Plumbers + Pipe fitters	
Name Billy Borchert	Name Local Union 572 -	
_	Labor Organization File Number 026782	
PO Box Bldg Room No if any	P O Box Building and Room Number if any	
street 240 Lyle Rd city New Johnson ville	street 225 Ben Allen Rd	
cas New Johnson ville	city Nashville	
State Th ZIP Code + 4 37134	State Tn ZIP Code +4 37207	
5 Position in labor organization BUS in ess Manager/Financial Secretary		
Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)		
A Held an interest in engaged in transactions (including loans) with orderived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent		
6 Name and address of Employer (including trade name if any)	7 a Nature of Interest Transaction or Income	
Name	<u> </u>	
Trade Name If any		
PO Box Bldg Room No if any		
Stand	7 b Amount.	
Street		
City		
State ZIP Code + 4		
Signature		
15 Signature and verification. The understand declares under regular of Periors and other employable penalties of the law that all of the information		

submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned s knowledge and belief true correct and complete (See the section on penalties in the instructions.)

Signed Belly Bahat	on 8/15/05	615-262-089
/	Date/	Telephone Number

13 b Is the Business an Employer or Consultant?	14 b Amount of payment
State Zir Code + 4	
State ZIP Code + 4	
City	
Street	
PO Box Bildg Room No If any	
Trade Name If any	
Name	
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	
of item any labor relations consultant to an extra service and the service and	14 a Nature of payment
C Received from any employer (other than a manager covered under the any labor relations populated to an amployer any payment of a manager to a mana	
	12 b Amc
State ZIP Code + 4	4 Titans football tickets
City 710 Code L4	12 a Nature of interest held or income received
Street	11 b Approximate dollar value of such dealing 4 / 040 000
PO Box Bldg Room No if any	operations and buildings
Trade Name If any	Union Planters relating to
Name	The labor organization has outstanding loans with Union Planters relating to
10 If 9 b or 9 c is checked give trust or employer's name	The labor organization has
State Tn ZIP Code + 4 38375	-
Street (16 S Third ST	
PO Box Bldg Room No If any POBOX 249	c Employer
Trade Name If any	b Trust
Name Union Planters Bank	a Labor Organization
8 Name and address of Business (including trade name if any)	9 Business deals with
B Held an interest in or derived income or economic benefit with monetary visubstantial part of which consists of buying from selling or leasing to or other of an employer whose employees your labor organization represents or is actually any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the business tively seeking to represent or adirectly to or otherwise
Name of Person Filling Bity Borchert	File Number U